

Superior Court of the District of Columbia

PROBATE DIVISION
Washington, D.C. 20001-2131

Estate of _____

Administration No. _____

Deceased

PETITION FOR ORDER DIRECTING PAYMENT OF CLAIM PURSUANT TO D.C. CODE §20-909(a)

The undersigned claimant hereby petitions the Court for an order directing payment of a claim against the above-entitled estate.

1. Name of claimant: _____

2. Address of claimant: _____

3. Date of mailing or delivery of claim to Register of Wills or Personal Representative: _____

4. Amount of claim: _____

5. Basis of claim (check appropriate lien):

☐ Funeral expenses, not exceeding \$1,500.

☐ Family allowance, not exceeding \$10,000.

☐ Rent in arrears for which an attachment might be levied by law.

☐ Judgments and decrees of courts in the District of Columbia.

☐ Other just claims.

6. The petition is being filed because the claim has not been rejected but has not been paid within 8 months from the date of first publication of the Notice of Appointment Notice to Creditors and Notice to Unknown Heirs.

7. The time for presentation of claims has expired.

I do solemnly declare and affirm under penalty of law that the contents of the foregoing petition are true and correct to the best of my knowledge, information and belief.

Dated: _____

Claimant

CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing Petition for Order Directing Payment of Claim Against Estate Pursuant to D.C. Code §20-909(a) was this _____ day of _____, _____, mailed, by first class mail, postage prepaid, (or delivered) to _____

(Personal Representative or Attorney for the Personal Representative)

Signature of Claimant or Claimant's Attorney